

AMENDMENT TRANSMITTAL LETTER					Docket No. MED-032C4	
Application No. 10/606,409		Filing Date June 25, 2003		Examiner A. R. Reimers		Art Unit 3733
Applicant(s): Samuel M. Shaolian						
Invention: TRANSPEDICULAR INTERVERTEBRAL DISC ACCESS METHODS AND DEVICES						
TO THE COMMISSIONER FOR PATENTS						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
Total Claims	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		
19	- 20 =	0	x 50.00	0.00		
Independent Claims	5	- 3 =	2	x 200.00	400.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						
Other fee (please specify):						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					400.00	
<input checked="" type="checkbox"/> Large Entity			<input type="checkbox"/> Small Entity			
<input type="checkbox"/> No additional fee is required for this amendment.						
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>07-1700</u> in the amount of \$ <u>400.00</u> . A duplicate copy of this sheet is enclosed.						
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.						
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.						
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>07-1700</u> as described below. A duplicate copy of this sheet is enclosed.						
<input checked="" type="checkbox"/> Credit any overpayment.						
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.						
/Eleanor M. Hynes/ Eleanor M. Hynes Attorney/Agent Reg. No.: 58,013					Dated: <u>August 27, 2007</u>	
GOODWIN PROCTER LLP 901 New York Avenue, NW Washington, DC 20001 (202) 346-4000						